

**IN THE UNITED STATES BANKRUPTCY COURT FOR
THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

IN RE: CLEVELAND D. BOLER, III EVELYN D. BOLER) CHAPTER 13) CASE NO. 06-30049)
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APPELLEE'S DESIGNATION OF ADDITIONAL ITEMS

Comes now the Appellees, Cleveland D. Boler, III And Evelyn D. Boler, debtors in the above referenced case and hereby designate the following additional documents as part of the record on appeal pursuant to Bankruptcy Rule 8006:

1. The Debtor's Claims Register.
2. Claim No. 10 of Baldwin County DHR Child Support Division and attached payment summary filed on February 24th, 2006 in the amount of \$9,110.41.
3. Any and all records previously designated by the Appellant and the Chapter 13 Trustee Appellee.

Respectfully submitted this day: May 17, 2006.

/s/ Vonda S. McLeod
Attorney for Debtors-Appellee
vmcleod@samvpc.com
VONDA S. MCLEOD (MCL032)

Of Counsel:
Shinbaum, Abell, McLeod & Vann, P.C.
Post Office Box 201
Montgomery, AL 36101
(334) 269-4440

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of the above on all parties listed below by CMECF or by mailing a copy of same to them on this day: May 17, 2006.

Curtis C. Reding
Chapter 13 Trustee
Post Office Box 173
Montgomery, AL 36101

Cleveland D. & Evelyn D. Boler
2242 Hwy. 31 N.
Deatsville, AL 36022

Richard G. Moxley, III
Attorney for Creditor Appellant
P.O. Box 4953
556 South Perry
Montgomery, AL 36103

Teresa Jacobs
Bankruptcy Administrator
One Church Street
Montgomery, AL 36104

/s/ Vonda S. McLeod

Middle District of Alabama Claims Register

06-30049 Cleveland D. Boler and Evelyn D. Boler

Judge Dwight H. Williams, Jr.

Debtor Name: BOLER,CLEVELAND D.

Claim No: 1	<i>Creditor Name:</i> Worldwide Financial Capital Bank c/o Weinstein & Riley, P.S. 2101 Fourth Ave., Suite 900 Seattle, WA, 98121	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/25/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$233.37	
Total	\$233.37	
<i>Description:</i>		
<i>Remarks:</i> (n/a)		

Claim No: 2	<i>Creditor Name:</i> World Financial Network National Bank Lane Bryant Mail Order c/o Weinstein & Riley, P.S. 2101 Fourth Ave., Suite 900 Seattle, WA, 98121	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/25/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$152.38	
Total	\$152.38	
<i>Description:</i>		
<i>Remarks:</i> (n/a)		

Claim No: 3	<i>Creditor Name:</i> CAPITAL ONE BANK C/O TSYS DEBT MGMT PO BOX 5155 NORCROSS, GA 30091	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/26/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$1025.15	
Total	\$1025.15	
<i>Description:</i>		
<i>Remarks:</i>		

Claim No: 4	<i>Creditor Name:</i> CAPITAL ONE BANK C/O TSYS DEBT MGMT PO BOX 5155 NORCROSS, GA 30091	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/26/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$3028.40	
Total	\$3028.40	
<i>Description:</i>		
<i>Remarks:</i>		

Claim No: 5	<i>Creditor Name:</i> CAPITAL ONE BANK C/O TSYS DEBT MGMT PO BOX 5155 NORCROSS, GA 30091	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/26/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>

Class	Amount Claimed	Amount Allowed
Unsecured	\$1212.74	
Total	\$1212.74	
<i>Description:</i>		
<i>Remarks:</i>		

Claim No: 6 supporting doc	<i>Creditor Name:</i> Chevron Credit Bank NA PO Box 5010/Section 230 Concord CA 94524-0010	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 01/27/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$1082.69	
Total	\$1082.69	
<i>Description:</i>		
<i>Remarks:</i>		

Claim No: 7	<i>Creditor Name:</i> GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 02/15/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Secured	\$16560.12	
Total	\$16560.12	
<i>Description:</i> 2005 Ford Escape		
<i>Remarks:</i> Payments to:P.O. Bxo 3199 Montgomery,AL 36109		

Claim No: 8	<i>Creditor Name:</i> GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 02/15/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Secured	\$29963.61	
Total	\$29963.61	
<i>Description:</i> 2004 Ford F150		
<i>Remarks:</i> Payments to:P.O. Box 3199 Montgomery,AL 36109		

Claim No: 9	<i>Creditor Name:</i> GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 02/15/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Secured	\$2326.61	
Total	\$2326.61	
<i>Description:</i> Cross-Collateralized 2005 Ford Escape		
<i>Remarks:</i> Payments to:P.O. Box 3199 Montgomery,AL 36109		

Claim No: 10 payment summary	<i>Creditor Name:</i> BALDWIN COUNTY DHR CHILD SUPPORT DIVISION 101 COURTHOUSE SQUARE Bay Minette, AL 36507	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 02/24/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed

Priority	\$9110.41	
Total	\$9110.41	
<i>Description:</i> Child Support Arrearage		
<i>Remarks:</i>		

Claim No: 11	<i>Creditor Name:</i> Spiller Associated Furniture Stores PO Box 020824 Tuscaloosa, AL 35402-0824	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/10/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Secured	\$1387.02	
Total	\$1387.02	
<i>Description:</i>		
<i>Remarks:</i>		

Claim No: 12	<i>Creditor Name:</i> Emerge MasterCard POB 23051 Columbus Ga 31902-3051	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/15/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$4542.18	
Total	\$4542.18	
<i>Description:</i> unpaid credit card balance		
<i>Remarks:</i>		

Claim No: 13	<i>Creditor Name:</i> Fingerhut Credit Advantage POB 23051 Columbus Ga 31902-3051	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/15/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$228.57	
Total	\$228.57	
<i>Description:</i> unpaid credit card balance		
<i>Remarks:</i>		

Claim No: 14	<i>Creditor Name:</i> Aspire Visa POB 23051 Columbus Ga 31902-3051	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/15/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$6926.67	
Total	\$6926.67	
<i>Description:</i> unpaid credit card balance		
<i>Remarks:</i>		

Claim No: 15	<i>Creditor Name:</i> Fingerhut Direct Marketing, Inc./CIT Bank 6250 Ridgewood Road St. Cloud, MN 56303	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/27/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$806.91	

Total	\$806.91	
<i>Description:</i> 6276-4510-0193-7084		
<i>Remarks:</i>		

Claim No: 16	<i>Creditor Name:</i> eCAST Settlement Corporation assignee of HSBC Bank Nevada NA / HSBC Card Services III POB 35480 Newark NJ 07193-5480	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/28/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$717.54	
Total	\$717.54	
<i>Description:</i>		
<i>Remarks:</i>		

Claim No: 17	<i>Creditor Name:</i> eCAST Settlement Corporation assignee of HSBC Bank Nevada NA / HSBC Card Services III POB 35480 Newark NJ 07193-5480	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/28/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$479.54	
Total	\$479.54	
<i>Description:</i>		
<i>Remarks:</i>		

Claim No: 18	<i>Creditor Name:</i> eCAST Settlement Corporation assignee of HSBC Bank Nevada NA / HSBC Card Services III POB 35480 Newark NJ 07193-5480	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/28/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$487.72	
Total	\$487.72	
<i>Description:</i>		
<i>Remarks:</i>		

Claim No: 19	<i>Creditor Name:</i> PREMIER BANKCARD/CHARTER P.O. BOX 2208 VACAVILLE, CA. 95696	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/28/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$421.54	
Total	\$421.54	
<i>Description:</i> MONEY LOANED-CREDIT CARD		
<i>Remarks:</i> PREMIER BANKCARD/MASTERCARD-1		

Claim No: 20	<i>Creditor Name:</i> PREMIER BANKCARD/CHARTER P.O. BOX 2208 VACAVILLE, CA. 95696	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/28/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$349.46	
Total	\$349.46	

Description: MONEY LOANEED-CREDIT CARD

Remarks: PREMIER BANKCARD/MASTERCARD-2

Claim No: 21	<i>Creditor Name:</i> PREMIER BANKCARD/CHARTER P.O. BOX 2208 VACAVILLE, CA. 95696	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 03/28/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$380.42	
Total	\$380.42	

Description: MONEY LOANED-CREDIT CARD

Remarks: PREMIER BANKCARD/MASTERCARD

Claim No: 22	<i>Creditor Name:</i> B-Line, LLC/Applied Card Bank (fka Cross Country B Mail Stop 550 2101 Fourth Ave., Suite 1030 Seattle, WA, 98121	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 04/06/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Unsecured	\$1189.95	
Total	\$1189.95	

Description:

Remarks: (n/a)

Claim No: 23	<i>Creditor Name:</i> GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109	<i>Last Date to File Claims:</i> 05/31/2006 <i>Last Date to File (Govt):</i> <i>Filing Status:</i> <i>Docket Status:</i> <i>Late:</i> N
<i>Claim Date:</i> 05/08/2006	<i>Amends Claim No:</i> <i>Amended By Claim No:</i>	<i>Duplicates Claim No:</i> <i>Duplicated By Claim No:</i>
Class	Amount Claimed	Amount Allowed
Secured	\$9407.63	
Total	\$9407.63	

Description: Informational / 1994 Chandeleur Mobile Home and Appurts

Remarks:

Claims Register Summary

Case Name: Cleveland D. Boler and Evelyn D. Boler**Case Number:** 2006-30049**Chapter:** 13**Date Filed:** 01/18/2006**Total Number Of Claims:** 23

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$23265.23	
Secured	\$59644.99	
Priority	\$9110.41	
Unknown		
Administrative		
Total	\$92020.63	

PACER Service Center

Transaction Receipt

05/17/2006 09:46:04

PACER Login:	sa0360	Client Code:	
Description:	Claims Register	Search Criteria:	06-30049 Filed or Entered From: 1/1/1985 Filed or Entered To: 5/17/2006
Billable Pages:	2	Cost:	0.16

UNITED STATES BANKRUPTCY COURT
Case 2:06-cv-00473-WKW
<#1 DI C40>

Document 4

Filed 05/25/2006

Page 9 of 10

PROOF OF CLAIM

Name of Debtor

<#85 DL c70>

<#101 JL c70>

Case Number

<#3 cn c11>

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
RecipAddr1 replacement

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

<#3 cn c11>

Name and Address where notices should be sent:

RecipAddr1 replacement

RecipAddr2 replacement

RecipAddr3 replacement

RecipAddr4 replacement

RecipAddr5 replacement

RecipAddr6 replacement

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

123456

Telephone Number:

THIS SPACE IS FOR COURT USE ONLY

Last four digits of account or other number by which creditor identifies debtor:

Check here if ☐ replacesthis claim ☐ amends

a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)
 Last four digits of SS your #: _____
 Unpaid compensation for services performed
 from _____ to _____
 (date) (date)

2. Date debt was incurred:**3. If court judgment, date obtained:**

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$ _____

- ☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

Unsecured Priority Claim

- ☐ Check this box if you have an unsecured priority claim, all or part of which is entitled to priority

Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
☐ Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).

Secured Claim

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

- ☐ Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: \$ _____
 (unsecured) (secured) (priority) (Total)

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

STATE OF ALABAMA
CHILD SUPPORT ENFORCEMENT DIVISION
COURT ORDER PAYMENT SUMMARY

02/24/06

CP NAME: ANGELA J. BOLER
 CP ID: P0001471390

NCP NAME: CLEVELAND D. BOLER, III
 NCP ID: P0001534778

COURT ORDER NUMBER: 02DR01000545
 DHR FILE NUMBER: 02-30625
 CASE ID: 0493221

SUPPORT TYPES AND TERMS

	<u>CURRENT</u>	<u>ARREARS</u>	<u>BALANCES</u>	<u>INTEREST</u>
CHILD SUPPORT	\$375.00 PER MONTH	PER	\$6,783.92	STATE
RETROACTIVE CHILD SUPPORT		PER		
MEDICAL SUPPORT	PER	PER		CP \$2,326.49
MEDICAL REIMBURSEMENT		PER		
SPOUSAL SUPPORT	PER	PER		MEDICAID
FEES		PER		

EFFECTIVE DATE: May 1, 2003

BALANCES BY ACCOUNT TYPE:

CP INT 2,326.49
 CS NA AR 6,783.92

TOTAL AMOUNT DUE FOR THIS COURT ORDER: \$9,110.41

<u>PAYMENT RECEIVED</u>			<u>PAY</u>	<u>ACCOUNT POSTED</u>		<u>ACCOUNT POSTED</u>			<u>ACCOUNT POSTED</u>			<u>ACCOUNT POSTED</u>		
<u>DATE</u>	<u>TOTAL</u>	<u>ORDER</u>	<u>CODE</u>	<u>AMOUNT</u>	<u>TYPE</u>	<u>AMOUNT</u>	<u>TYPE</u>	<u>AMOUNT</u>	<u>TYPE</u>	<u>AMOUNT</u>	<u>TYPE</u>	<u>AMOUNT</u>	<u>TYPE</u>	
02/17/2006	230.77	230.77	IW	144.23	CS NA CU	86.54	CS NA AR							
02/03/2006	230.77	230.77	IW	230.77	CS NA CU									
01/20/2006	230.77	230.77	IW	175.00	CS NA CU	55.77	CS NA AR							
01/13/2006	200.00	200.00	RP	200.00	CS NA CU									
12/16/2005	100.00	100.00	RP	100.00	CS NA CU									
10/18/2005	100.00	100.00	RP	100.00	CS NA CU									

AF - Application Fee
 FF - Federal Joint Fee
 GI - Gift
 OS - Other State Income Withholding
 SJ - State Joint

BC - Bankruptcy Court
 FJ - Federal Joint Tax Offset
 IF - IRS Full Collection
 OT - Other State, State Offset Single
 SS - State Single

BN - Bond
 FM - Financial Management
 IW - Income/Wage Withholding
 RP - Regular Pay
 TF - Trust Fund

CC - Court Cost Fee
 FS - Federal Single
 LI - Lien
 SA - State Adjustment
 UC - Unemployment Compensation

FA - Federal Adjustment
 GA - Garnishments
 MA - Military Allotment
 SE - State Single Fee

FE - Federal Single Fee
 GF - Genetic Fee
 OJ - Other State, State Offset Joint
 SF - State Joint Fee